

#5186
5-8203
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kevin Richardson

Serial No.: 10/047,482

Examiner: A. Lam

Filed: October 23, 2001

Group Art Unit: 3763

For: CONE TIP BILIARY CATHETER AND METHOD OF USE

Docket No.: 1001.1441101

Mail Stop Non-Fee Response
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

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MAY 20 2003

TECHNOLOGY CENTER R3700

RESPONSE TO RESTRICTION REQUIREMENT

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 333852698 US, in an envelope addressed to: Mail Stop Non-Fee Response, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this 13th day of May 2003.

By

Kathleen L. Boekley
Kathleen L. Boekley

Dear Sir:

In response to the Office Action dated April 22, 2003, please consider the following response:

Applicants have carefully reviewed the Office Action dated April 22, 2003. The Office Action stated that two distinct inventions had been identified. Election of invention was requested. Applicants elect Invention I, species corresponding to Figure 7, without traverse. The claims which correspond to this election include claims 1, 2, 5-8, 15-18, 22 and 24.

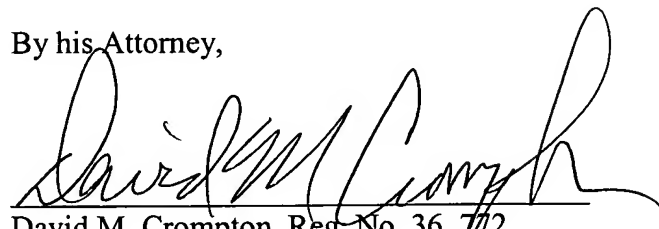
Examination of the above-identified claims is respectfully requested. If a phone conference is believed necessary to resolve any outstanding issues with respect to the above discussion, the Examiner is respectfully requested to contact the undersigned attorney.

Respectfully submitted,

Kevin Richardson

By his Attorney,

Dated: 5/13/03



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28075

PATENT TRADEMARK OFFICE



05-14-03

3763

UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kevin Richardson

Serial No.: 10/047,482

Examiner: A. Lam

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TRANSMITTAL SHEET

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Sir:

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By Kathleen L. Boekley
Kathleen L. Boekley

We are transmitting herewith the attached:

- [] Amendment
[] No additional fee required
[] The fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	-	=		X 9=	\$	X 18=	\$
INDEPENDENT CLAIMS	-	=		X 42=	\$	X 84 =	\$
() FIRST MULTIPLE DEPENDENT CLAIM				+ 140 =	\$	+ 280 =	\$
TOTAL				\$		\$	

[] A check in the amount of \$_____ is enclosed. Itemization:

Fee Code _____ \$

Fee Code _____ \$

Fee Code _____ \$

[] Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.

[XX] Other: RESPONSE TO RESTRICTION REQUIREMENT.

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: David M. Crompton
David M. Crompton, Reg. No. 36,772

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